

THE TISSUE SALTS

An Introductory Review of Schüssler's Biochemic Therapy

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THE ORIGIN OF THE BIOCHEMIC THERAPY

The choice of the tissue salts as a subject for a symposium to be conducted by the International Homœopathic League was taken with some knowledge of the difficulties inherent in the subject. Perhaps that was one of the reasons which motivated the choice of the subject. For, despite the continued publication of case reports which have been trickling through the homœopathic literature in the last fifty years, it is nevertheless true that the biochemic treatment of disease as described by Schüssler has been neglected. There may be many reasons for this. We cannot pretend to understand them all, though a perusal of the subject presents enough evidence to elucidate this slighting.

It had been our purpose, in part, to review some of the salient phases of Schüssler's life, but the material available on this subject is so sparse and inconsequential that no attempt will be made to repeat the few details which preface the last edition of Schüssler's "An Abridged Therapy Manual for the Biochemical Treatment of Disease." It is to be hoped that some of the other essayists who partake in this symposium may have data which will give us an insight into his life.

Wilhelm Heinrich Schüssler attributes the origin of the biochemic therapy to a thought expressed by Moleschott in his "Kreislauf des Lebens." The latter noted that the ash or inorganic constituents of the body "belong just as essentially

to the internal constitution—as do the substances volatilized by combustion,” and also, “that the structure and vitality of organs are conditioned by the necessary amounts of inorganic constituents.” To found a system of therapy on such assertions which remain to be demonstrated indicates boldness bordering on foolhardiness. For it slashes with one fell swoop those substances volatilized by combustion, which—to enumerate but two—include nitrogen and carbon. Riding high on the theory of the all-sufficiency of the twelve tissue salts (which are, after all, the ashes of vital structures, and incomplete ones at that), he burrowed into the nomenclature of his day and preached concerning molecules and ions, spoke about the disturbance of molecular motion and replacement of ionic deficiency. It probably made impressive reading, but there still isn't the slightest shred of evidence to support all this theory. Furthermore, stricken with the realization that the remedies which he introduced acted most efficiently when prepared along classic homœopathic lines, he attempted to preempt criticism in this direction by stating that his therapy was not based on the law of similarity but on the “physiologie-chemical processes which take place in the human organism.”

This type of theoretic reasoning is not uncommon to all forms of medical thinking. Unfortunately, it is too often confused with the observed phenomena themselves. This effort to explain and interpret natural phenomena with irreconcilable dogmatism has created an unhappy chapter in medical history. The point is of such significance that a homely analogy bears repetition. To all who can see, the sun rises each dawn and sets each dusk. It was widely held prior to Copernicus that the Sun revolved about the Earth. Copernicus convinced us that this was not the case. Now the Earth revolves about the Sun and we are reasonably convinced of this theory. But even if this should all be

changed some day, dawn and dusk, night and day, the rising and setting sun will still continue.

Regardless of consequences, Schüssler was going to build a new therapy. To make the schism from homœopathy more complete he wrote, "A homœopath using silicea unconsciously acts biochemically. Silicea cannot produce any symptoms in a healthy person which could cause its use in diseases according to the principle of similars. Homœopaths use silicea on account of curative symptoms gained empirically."

This confronts us with a situation in which all the alternatives are offensive. Was Schüssler so ignorant of homœopathy that he didn't know silicea had been proved under Hahnemann's own supervision? If this is the case, we feel constrained to disregard everything Schüssler has to say concerning homœopathy. Or was Schüssler deliberately distorting the facts to serve his own ends?

Even a casual inspection of the "Manual" reveals indications for the tissue salts which smack of more than coincidence when they are compared with the known provings of his day. Hering, who welcomed Schüssler's tissue salts, indicates pointedly that some of the indications for the salts were derived from homœopathic sources. A controversy arose which was not without its bitterness. The echoes of charges and countercharges rumble by even today. Nothing will be achieved in reviving these contentions which may be found, in part, in the special treatises by Hering, and by Boericke and Dewey.

Wherever the whole truth may lie, we feel constrained nonetheless to honour Schüssler. If he did nothing else, he stressed to the point of absurdity the importance of endogenous remedies. Hahnemann may have spoken of this before; Grauvogl did likewise, but Schüssler emphasized

the point to the exclusion of all other remedies. The peculiarities of human nature restrain one from passing judgment against this technic. It was the sincerity, tenacity and volubility of Norton which finally won for ether a reputation as an anæsthetic. It matters little to the mass of mankind that sporadic observations with ether were attempted before Norton's time. At the moment, we are not concerned with the inadequacies, omissions and misinterpretations which clutter up Schüssler's writings. But even as Collet's name is called to mind in any discussion concerned with isopathy, it is likely that Schüssler will have a similar position where endogenous remedies are discussed.

THE TWELVE TISSUE SALTS

Schüssler attempted to build up a complete therapeutic system based on twelve inorganic salts which remain in the ash following organ or tissue incineration. Lorbacher recognized at once the enticing quality of this theory as well as its deficiencies. It seemed impossible that all our therapeutic problems could be answered by these twelve salts. Though his ardent disciples have added to the original list Schüssler with characteristic daring, gave little hope in his "Manual" that such additions might be necessary. But Hering his contemporary who welcomed the tissue salts, noted, "The insufficiency of Schuessler's system will be made manifest as soon as the spectral analysis is made use of by physiologists to find out what elements are contained in our body even in millionth and billionth of grains." This prophecy has been amply supported by a wealth of experimental data which is available to anyone who wishes to pursue this subject.

The original twelve salts include five phosphates (kali, natrum, calcarea, magnesia, ferrum), three sulphates (kali, natrum and calcarea), two muriates (kali and natrum), calcarea fluoricum and silicea. These were expected to

take care of all deficiencies. Not a word concerning iodine and bromine, or arsenic, or cuprum, or zincum or any of the other metals which have been demonstrated to take part in vital metabolic processes.

"There is no reason," says Hering, "why potassa, soda, or calcarea should be given in three compounds, the magnesia or ferrum only in one, the silica in none. We have reports before us of the most remarkable cures by calc. silic. and in diphtheria with calc. mur."

Obviously the importance of vitamins was not mentioned since these are the story of the contemporary generation; and are exogenous.

It would probably be redundant at this time to discuss the structure of the homœopathic materia medica and the technic used to develop it. This formed the basis of an independent communication recently. It is recalled because Schüssler insisted that his indications for the biochemic remedies were founded on a different principle. He states it is erroneous to assume that the indications for the biochemic remedies can be procured from provings on the healthy. He insists that their indications should be derived from "physiological and pathological chemistry, i.e., through the results of their use in the various diseases." His own descriptions of how this is to be attempted are confusing and, according to Vondergoltz, have led to absurd statements in the homœopathic literature. Still, we have Hering's word that the symptoms originally produced by Schüssler were in many instances taken from the homœopathic literature. For example, in the case of kali sulph., the provings of sulphur and kali carb. were compared, and what was common to both was included in the new remedy. The same technic was applied to kali phos., in which the symptoms common to phosphorus and kali carb. were listed. This does not correlate with Schüssler's own thoughts, for he stated, "Who can believe that

by giving large or small doses of the cell salts to healthy persons we could cause morbid symptoms having any similarity with puerperal fever, with typhoid fever, with articular rheumatism, with chills and fever, with hygroma patellae, etc."

At the present time homœopathic provings are available for the following tissue remedies, calc. fluor., calc. phos., calc. sulph., ferr. phos., kali phos., mag. phos., nat. mur., nat. phos., nat. sulph., silicea. Kali mur. and kali sulph. still require provings. Some of these remedies such as mag. phos. were proven after Schüssler introduced them and their indications were confirmed. Others, like ferrum phos. and calc. fluor., did not have the clear picture in the provings which Schüssler outlined for them. One was forced to the conclusion that the biochemic method had points of merit and that a further investigation of the method was worthwhile.

We are indebted to Vondergoltz for a further elucidation of Schüssler's method. The former has been using the tissue salts for about forty-five years and he has observed that the other salts which are found in the body, such as ferrum mur., calc. mur., etc., are generally inferior in their action to the twelve salts originally described. We are told that Schüssler deduced the indications for his remedies from his patients and from organ ash analyses.

Thus Schüssler experimented in certain eye diseases with natrum phos., calc. phos., natrum sulph., mag. phos., the kalis and natrum mur., because an analysis of the lens showed the presence of the following salts: natrum sulph., calc. phos., kali sulph., mag. phos., and the kalis, while the vitteous contained kali mur., calc. phos., kali sulph., mag. phos., and natrum mur. That is why ferrum phos. has not been considered a remedy in diseases involving those tissues since it is not normally present there. Any biochemic texts which have seen fit to describe ferrum

phos. as the universal inflammation remedy are therefore wrong. It cannot be used where it is not present normally.

Here is another example of the reasoning employed by Schüssler. In keratitis, which is stated never to occur without some gray exudation, he concluded that kali mur. would be the remedy since it had been demonstrated experimentally to dissolve fibrin. He applied the same method in other diseases as well. It is obvious that in the instance given, Schüssler depended upon his own observations since a proving of kali mur. was unavailable.

Vondergoltz gives us another example of the Schüsslerian approach. Spleen ash is quoted as containing the following salts or elements: natrum 44.37 parts per 1000; kali 9.6; calc. 7.48; ferrum 7.28; magnesium 0.48; manganum 0.08. In a case with splenic pathology the leading salts failed to effect a cure; yet manganum succeeded. Similarly, in addition to the usual remedies, liver ash is reported to contain both cuprum and plumbum, both of which effected cures when the other salts had failed.

The basic point is stressed that if a comparison is made of the ash analysis of the various organs with the different organ diseases listed in Schüssler, "the surprising fact will be discovered that the principal remedy has been found by Dr. Schüssler to be in that salt which had the most prominent position in the quantitative analysis."

We are compelled to acknowledge this fundamentally different approach, which, explained in this way, is foreign to classic homœopathy. Hence, it is claimed that Schüssler's therapy stands on its own feet despite any apparent similarity it may have with homœopathy. The approach to remedy selection is direct since ash analysis of the organ is the determining factor to be considered.

Once this point is understood, the biochemic student is justified in asking, "When no proving of kali mur. exists,

how can it be used scientifically by the homœopathic physician?"

In classic homœopathy, emphasis is placed upon subjective symptoms; in biochemic therapy, objectivity is laboured. There is little or no need to inquire of symptoms except that it may aid one in localizing the disease. If the student of the biochemic method is to be successful, he must have a sound knowledge of physiologic and pathologic chemistry.

Vondergoltz also calls our attention to the "so-called textbooks of biochemic therapy." They are too often misleading since they apparently missed the pertinent postulates upon which Schüssler based his therapy. There appears to be no need to link this system with any other since the approach to biochemistry is based upon principles which are different from all others.

From a clinical viewpoint the student of the biochemic method is prone to examine his patient even before requesting a history, for he wishes to localize objectively the site of the disease. Before a prescription can be made, the following questions should be answered:

- (1) Which tissues are diseased?
- (2) Which cell salts are indicated?
- (3) Which symptoms of the cell salts coming into question are to be regarded as necessary for the recognition of the curative remedy?

Once the deficient salt is chosen, it will be administered in a form which is easily assimilable. This may vary from the 6x—12x though Vondergoltz talks of using the 60x—100x at times. The 6x—12x were chosen as the common potencies since the salts are present in the body tissues in approximately those dilutions.

There is a tendency to gloss over the fact that the remedies are potentized along homœopathic lines; and if the 60x—100x are to be given, how explain this on a

deficiency basis? There is another device well known to homœopathy which is also advocated here. If the indicated remedy does not work in the potency given, change the potency before discarding it. Remedy combination also is rejected.

Is it possible that some of the basic tenets applicable to homœopathic prescribing may be said to be characteristic also of the biochemic technic, but that the two methods are based upon different principles? A definite answer without a critical inspection of the method underlying each system would be wishful thinking. Still, there are certain points of contact between the two which are more than suggestive. The most striking of these is the effectiveness of the tissue salts when given in the high potencies. Once the 60x is passed, all explanations based on replacing molecular deficiencies (?) come into conflict with accepted physical knowledge. Assuming, then, that the 60x of magnesia phos. is able to relieve and correct a colic in an infant, as one of us recently demonstrated (S.A.K.), would it be reasonable to assume that this was achieved through two different methods depending on who administered the remedy? Who then holds the correct explanation—the Schüsslerite or the Hahnemannian? It is not impossible that both explanations may be faulty. The effectiveness of the higher potencies administered by homœopaths for indications pointed out by the biochemists points to an underlying basic common factor. The fact that the choice of the remedy was arrived at via two distinct routes is interesting and confirms the suspicion that there still is no exclusive method which will indicate the remedy.

EXPERIMENTAL VERIFICATION

Schüssler's insistence that the diseased tissue has some mineral deficiency should lend itself to experimental

verification. For this purpose two examples are chosen for demonstration. Recently, Alexander and Myerson conducted mineral studies of the brain by the micro-incineration and spectroscopic methods. They found that in early foci of softening the diseased gray matter showed about one-half the potassium for normal gray matter from the same brain, as well as a significant loss of phosphorus. The ferrum was increased to more than double that found in normal gray matter. Sodium also showed a significant rise. The white matter in the softened areas showed elevation in the ferrum, magnesium and sodium, with loss in the potassium to about one-seventh of the normal, while phosphorus remained remarkably constant.

If one checks this very recent finding with Schüssler's choice for brain injury, which might lead to softening, we note the leading remedy to be kali phos. It is precisely kali and phosphorus which are deficient in the brains analyzed. The implication is that the salts which show rises above the normal should be disregarded. But this is not apparently the case since natrum mur., as well as natrum sulph., are considered leading remedies for œdematous states. The salt retention in œdema is well known. This is but another of the problems which a study of the tissue salts will have to elucidate.

A second example from clinical medicine gives another demonstration of Schüssler's reasoning. In rickets, there is a drop, in the blood serum, of both calcium and phosphorus. Sections of rachitic bone show marked deficiencies in the calcium salts. Chemical analyses of dried bone show almost 85 per cent calcium phosphate and 15 per cent calcium carbonare. Schüssler's leading salt for rickets is calc. phos. Among homœopaths it shares almost equal honours with calc. carb.

This method of approach opens a wide field of study in physiologic and pathologic chemistry. To homœopathy

this may afford an opportunity to find a closer link with experimental medicine.

SYNOPSIS OF CALCAREA PHOSPHORICA

A review of the tissue salts would be incomplete without a synopsis of one of the salts as it has been developed through biochemic thinking. One of the clearer chapters in this regard pertains to calc. phos. The schism separating it from the classic homœopathic approach is patent. Schüssler pointed out that calc. phos. is found universally throughout the body but is most abundant in the bones; it also is reputed to play a most important part in the formation of new cells. That is why it serves as a remedy for anæmia and a restorative following acute diseases. Its use where bone formation is delayed or in defective ossification is obvious. He also reported that when the "molecular action"—current nomenclature would prefer the word metabolism—of calc. phos. is disturbed on serous surfaces, effusions occur; epidermal crusts and albuminous secretions on mucosa similarly signify the need for calc. phos.

Later observers like Vondergoltz have added to this original data. Calcium deficits have been held responsible for such symptoms as myotatic irritability, increased reflexes, elevated blood pressure, precocious puberty, spastic colitis, retardation of osseous and mental development in children with subsequent gastrointestinal disturbances; respiratory infections, nervous disorders and skin diseases. Its universal applicability is accordingly justified from purely objective clinical data.

The general physical configuration suggestive of certain polychrests is well known to homœopathy. The biochemic method has developed a similar diagnostic aid in its "facial diagnosis." Schüssler is not clear how this was conceived. A special and distinct "facial diagnosis" has been formulated

for each of the salts and writers on the subject claim that this may be entirely sufficient for prescribing, once the picture is well established in the prescriber's mind.

The "facial diagnosis" of *calcareo phos.* has been described as old, thin and wrinkled. The facial veins are distended and prominent. Prominent parts such as the ears and nose are cold. The limbs are weak and underdeveloped, while general weakness prevails. Perspiration is free and cold. The tongue is milky white.

ADDITIONAL SALTS

It would form the basis for an interesting study to review the status of biochemistry contemporary with Schüssler. For it can probably explain why he limited his therapy to twelve salts, though he was prompted later to drop one of them. This point was not lost to some of his followers for a surprising list of additional elements and salt combinations have been used by some. They show up as traces in ash analyses but we are now sufficiently aware of the fact that these traces can be as important as the predominating salts. Thus Vondergoltz has added notes on *aurum mur.*, *arsenicum*, *iodium*, *cuprum*, *plumbum*, *zincum*, *manganum*, *lithium*, *barium*, *bromium*, and *aluminium*. He notes, "It has been observed in nearly all chronic cases in which *calcareo fluor.* has been used that certain semiotic points of *silicea* were visible. In such cases *calcareo silico fluorica* has been used with the best results."

Using a similar form of reasoning, he has used the following salts: *aluminium kali sulph.*; *aluminium sulph. silico calcarea*; *calcareo silicata*; *kali silico fluorica*; *nat. silico fluorica*. These complex salts are used where more than one remedy appears indicated.

As may be expected no one is urged to use these complex or simple combinations until the original salts are

mastered, but the complexity and variability of salts, their effects and indications are still a closed chapter when approached from the biochemic viewpoint.

A discussion of the tissue salts cannot be left without some comment concerning the lay practitioners. Fortunately, this problem is not of much significance to the United States as it is to other lands. These lay practitioners when charged before tribunals with practicing medicine illegally have claimed that these salts are foods, not medicine. It is not difficult for them to quote Schüssler on this issue.

For organized medicine to tolerate these practitioners is impossible. Disease, too often life-endangering disease, is protean in its manifestations. This question and all its sorry implications need not be elaborated at this time. The use of the tissue salts does not eliminate the necessity to be able to visualize the pathology of the disease. If anything, this whole theory insists upon a greater study of physiologic and pathologic chemistry. The use of any system of medicine in the hands of anyone but a thoroughly trained physician is to be deplored, and where necessary should be prosecuted.

SUMMARY AND CONCLUSIONS

This introductory review of the biochemic therapy, as formulated by Schüssler, discusses the origin of the theory. The underlying principle of Schüssler's method was to study physiologic and pathologic chemistry, especially organ ash analysis, and to prescribe in 6x—12x potencies those salts which were apparently deficient in the disease to be treated. For him, twelve salts sufficed to treat all curable diseases. Some experimental data are offered to support the reasoning used by Schüssler.

There is reason to believe that homœopathy may benefit by incorporating into the indications for its

remedies the laboratory data which dominate the biochemic method.

In addition to those members of the International Homœopathic League who may be able to participate in this symposium, the members of the Institute are invited to send in reports of their experience with the tissue salts.

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CHRONIC HOARSENESS

By DR. DOROTHY SHEPHERD

The other day quite unexpectedly I was faced with a problem which, but for homœopathy, I should have been quite unable to deal with. A young man turned up as it was nearly dusk, almost voiceless, in a whisper he informed me his mother had sent him. He had lost his voice over six weeks ago, had been to his own doctors who after treating him for a week or so, had sent him on to a laryngologist, a specialist for larynx trouble. He had seen him two or three times and as his voice was rather worse than better, he had been told to wait for admission to hospital for further investigations. He rather dreaded this ordeal and felt he would never get his voice back again. It did not hurt him to speak, he simply could not raise his voice above a hoarse whisper.

The rubric, "painless loss of voice" in Kent's *Repertory* only shows eight remedies, so my search was not a very difficult or lengthy one. The history he gave was that he fell into a ditch full of water about seven weeks ago, when he had been running and was overheated and perspiring freely. He was able to change his clothes very quickly and yet within twenty-four hours his voice had disappeared. Since then he had been perspiring much too freely, which